

**CALVARY BAPTIST CHURCH YOUTH MINISTRY  
ACADEMIC ENRICHMENT PROGRAM  
STUDENT ENROLLMENT FORM**

Today's Date: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male or Female (please circle one)

School Name: \_\_\_\_\_

School's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ School Grade: \_\_\_\_\_

Parent(s) or Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**In what areas does your child need help? In what areas does your child excel?**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Please check the day and times you are available for tutoring and the Academic Enrichment Program will try to honor your requests.**

	MONDAY	TUESDAY	FRIDAY
			N/A
5:30 – 7:00 P.M.			N/A
6:00 – 7:30 P.M.	N/A	N/A	

**IN CASE OF EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell#: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_